

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000094593

Entity Name: SAF-GLAS, LLC

FILED
Oct 06, 2009
Secretary of State

Current Principal Place of Business:

6555 GARDEN ROAD, SUITE 1
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

6555 GARDEN ROAD, SUITE 1
RIVIERA BEACH, FL 33404

New Mailing Address:

FEI Number: 20-5624494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KOGON, ROBERT K
1338 BARNSTABLE CIRCLE
WEST PALM BEACH, FL 33414 US

Name and Address of New Registered Agent:

KOGON, ROBERT K
1338 BARNSTABLE CIRCLE
WEST PALM BEACH, FL 33414 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT K. KOGON

10/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARINO, ARTHUR JR.
Address: 6555 GARDEN ROAD, SUITE 1
City-St-Zip: RIVIERA BEACH, FL 33404

Title: MGR () Delete
Name: SMITH, PATRICK
Address: 6555 GARDEN ROAD, SUITE 1
City-St-Zip: RIVIERA BEACH, FL 33404

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ARTHUR MARINO, JR

MGRM

10/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date